

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 133County Registrar No. 874

Local Registrar No. \_\_\_\_\_

No. 310 Timberville St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Nellie Francis Mc Bride { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? \_\_\_\_\_

7. Date

Oct. 2, 1926  
Month Day YearFemale

5. No., in order of birth. \_\_\_\_\_

yes

8.

## FATHER

Full name

Clyde Earnest McBride

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Cauc.11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

Clifton,

(State or country)

Arizona.

13. Occupation

Repair man

Nature of industry

Mining.

14.

## MOTHER

Full maiden name

Elizabeth Casto

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

16. Color or race

Cauc.

17. Age at last birthday \_\_\_\_\_ (Years)

18. Birthplace (city or place)

Tuna, Socorro Co.

(State or country)

New Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 3

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-  
thalmia neonatorum?Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

born  
(Born alive or stillborn.)at 11:45 P.m. on the date above stated

Signature

Cyril M. Brown, M.D.

(Physician or midwife)

Address

Miami, Arizona.

Given name added from

a supplemental report

Month, day, year

Filed Nov 4, 1926C. E. Jm

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

545-1002-536